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**Voice Mail: 302-729-1562**

**FAX: 806-498-6673**

**e-mail: winstonhsu@naipo.com**

**Customer No.: 27765**

**Fax To: Stephens, Juanita Dionne  
Art Unit: 2853**

**Tel.: (571) 272-2153  
Fax: (703) 872-9306**

**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/605,656**

**Attorney Docket No.: ACMP0110USA**

**Subject: Response to the Office Action mailed on 01/21/2005**

**Total Pages: 16pages (including cover page)**

**Winston Hsu 03/14/2005**

**ACMP0110USA0\_A2\_1**

PTO/SB/87 (09-04)

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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	11 PAGES
(4) Drawing(s)	1 PAGE

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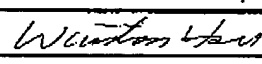
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/605,656	
	Filing Date	10/16/2003	
	First Named Inventor	Tsung-Wei Huang	
	Art Unit	2853	
	Examiner Name	Stephens, Juanita Dionne	
Total Number of Pages in This Submission	14	Attorney Docket Number	ACMP0110USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	North America Intellectual Property Corporation	
Signature		
Printed name	Winston Hsu	
Date	03/10/2005	Reg. No. 41,526

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Signature	
Typed or printed name	Date

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/605,656
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 50		Filing Date	10/16/2003
		First Named Inventor	Tsung-Wei Huang
		Examiner Name	Stephens, Juanita Dionne
		Art Unit	2853
		Attorney Docket No.	ACMP0110USA

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number 50-3105 Deposit Account Name: North America Intellectual Property Corp.  
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
21	- 20 or HP = 1	x 50	= 50			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 3 or HP = 0	x 200	= 0			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526
Name (Print/Type)	Winston Hsu	Telephone	302-729-1582
		Date	03/14/2005

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**MAR 14 2005**

**MICROINJECTOR WITH GROUNDING CONDUCTION CHANNEL**

Appl. No. : 10/605,656 Confirmation No. 2655  
Applicant : Tsung-Wei Huang,  
Chung-Cheng Chou  
Filed : October 16, 2003  
TC/A.U. : 2853  
Examiner : Juanita D. Stephens  
Docket No. : ACMP0110USA0  
Customer No. : 27765

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Dear Madame:

In response to the Office action of January 21, 2005, please amend the above-identified  
5 application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of  
this paper.

**Amendments to the Drawings** begin on page 8 of this paper and include both an attached  
10 replacement sheet and an annotated sheet showing changes.

**Remarks/Arguments** begin on page 9 of this paper.

**An Appendix** including amended drawing figures is attached following page 11 of this paper.